

**STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

APPLICATION FOR DENTURITRY INTERNSHIP

INSTRUCTIONS

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you. Fees are non-refundable.

All applicants for Idaho licensure must complete at least two (2) years internship under the supervision of a licensed denturist or have equivalent experience as established by board rule prior to the filing of the application.

Internship Equivalency. A person shall be considered to have the equivalent of 2 years internship under a licensed denturist who has, within the 5 years immediately preceding application, met and verifies either:

- a. Two (2) years internship as a denture lab technician under a licensed dentist; or
- b. Two (2) years in the military as a denture lab technician; or
- c. Three (3) years experience as a denturist under licensure in another state or Canada.

To be eligible for an internship, applicants must document completion of either:

Two years of formal training as outlined in Section 54-3310(b), Idaho Code.

OR

Three years of denturistry experience within the five (5) years immediately preceding application.

APPLICATION & PERMIT FEE	\$300.00
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A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

**IDAHO BOARD OF DENTURITRY
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
den@ibol.state.id.us**

APPLICATION FOR DENTURITRY INTERNSHIP

(continued)

SUPERVISOR INFORMATION

1. Supervisor's Name (Mr., Mrs., or Ms.) _____
2. Business Name _____
3. Business Address _____
Street/PO Box _____ City _____ State _____ Zip _____
4. Daytime phone (____) _____ E-mail _____ License # _____

SUPERVISOR AFFIDAVIT

I hereby certify under penalty of perjury that I hold a current Idaho Denturtry license in good standing or a current Idaho Dentist license in good standing. I further certify that I have read and will abide by the Idaho Denturtry Laws and Rules governing internships and that all work performed by the named intern shall be under my immediate supervision
I understand the responsibilities and requirements for the training and direct supervision of the applicant.

Signature of Supervisor

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

Training Requirements. Each year of required internship shall consist of two thousand (2,000) clock hours of training and performance of the following minimum procedures for licensure.

- a. Procedures shall include all steps required in constructing a finished denture but not limited to the following:
 - i. Patient charting - thirty-six (36) minimum.
 - ii. Operatory sanitation - thirty-six (36) minimum.
 - iii. Oral examination - thirty-six (36) minimum.
 - iv. Impressions, preliminary and final (pour models, custom trays) - thirty-six (36) minimum.
 - v. Bite registrations - twelve (12) minimum.
 - vi. Articulations - twelve (12) minimum.
 - vii. Set ups - twelve (12) minimum.
 - viii. Try ins - twelve (12) minimum.
 - ix. Processing (wax up, flask-boil out, packing, grind-polish) - thirty-six (36) minimum.
 - x. Delivery-post adjustment - thirty-six (36) minimum.
- b. Processed relines (one (1) plate = one (1) unit) - twenty-four (24) units.
- c. Tooth repairs - forty-eight (48) minimum.
- d. Broken or fractured plates or partials - forty-eight (48) minimum.

Reporting Requirements. Interns must file reports, attested to by the supervisor, with the board on forms provided by the Bureau of Occupational Licenses on a monthly basis and recapped at termination or completion of the training.

Denture Clinic Requirements. Denture clinic requirements for approved internship training:

- a. There shall be not more than one (1) internee per licensed denturist or dentist who is practicing at the clinic on a full time basis.
- b. There shall be a separate work station in the laboratory area for each intern with standard equipment, i.e. lathe, torch and storage space. The intern shall provide necessary hand tools to perform the duties of the denture profession. Use of the operatory facilities and other equipment will be shared with the intern.